HSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2019

B E T W E E N :

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK

(the "LHIN")

AND

University of Ottawa Heart Institute

(the "Hospital")

WHEREAS the LHIN and the Hospital (together the "Parties") entered into a hospital service accountability agreement that took effect April 1, 2018 (the "HSAA");

NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the Parties agree as follows:

1.0 Definitions. Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the HSAA. References in this Agreement to the HSAA mean the HSAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The HSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

The following terms have the following meanings.

"**Schedule**" means any one of, and "**Schedules**" means any two or more as the context requires, of the Schedules appended to this Agreement, including the following:

Schedule A: Funding Allocation
Schedule B: Reporting
Schedule C: Indicators and Volumes
C.1. Performance Indicators
C.2. Service Volumes
C.3. LHIN Indicators and Volumes
C.4. PCOP Targeted Funding and Volumes

2.3 Term. This Agreement and the HSAA will terminate on March 31, 2020.

3.0 **Effective Date**. The amendments set out in Article 2 shall take effect on April 1, 2019. All other terms of the HSAA shall remain in full force and effect.

4.0 **Governing Law**. This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.

5.0 **Counterparts**. This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

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6.0 **Entire Agreement**. This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK

April 4, 2019
Date

James Fahey, Interim VP, Integration

By:

April 1, 2019
DATE

Chantale LeClerc, CEO

University of Ottawa Heart Institute

By:

March 21, 2019
DATE

Paul Labarge, Chair

And by:

March 21, 2019
DATE

Thierry Mesana, President & CEO

Hospital Service Accountability Agreements

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute

2019-2020 Schedule A Funding Allocation

Section 1: FUNDING SUMMARY	2019-2020 [1] Estimated Funding Allocation	
LHIN FUNDING	**[2] Base**	
LHIN Global Allocation (Includes Sec. 3)	**$15,563,700**	
Health System Funding Reform: HBAM Funding	**$51,356,632**	
Health System Funding Reform: QBP Funding (Sec. 2)	**$3,239,225**	
Post Construction Operating Plan (PCOP)	**$8,384,400**	**[2] Incremental/One-Time**
Wait Time Strategy Services ("WTS") (Sec. 3)	**$57,500**	**$0**
Provincial Program Services ("PPS") (Sec. 4)	**$70,119,295**	**$5,850,489**
Other Non-HSFR Funding (Sec. 5)	**$60,000**	**$4,932,153**
Sub-Total LHIN Funding	**$148,780,752**	**$10,782,642**
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	**$0**	
Recoveries and Misc. Revenue	**$6,967,840**	
Amortization of Grants/Donations Equipment	**$553,929**	
OHIP Revenue and Patient Revenue from Other Payors	**$32,276,603**	
Differential & Copayment Revenue	**$1,003,050**	
Sub-Total Non-LHIN Funding	**$40,801,422**	

Hospital Service Accountability Agreements

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute

2019-2020 Schedule A Funding Allocation

	2019-2020	
	[1] Estimated Funding Allocation	
Section 2: HSFR - Quality-Based Procedures	**Volume**	**[4] Allocation**
Acute Inpatient Stroke Hemorrhage	**0**	**$0**
Acute Inpatient Stroke Ischemic or Unspecified	**1**	**$7,120**
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	**3**	**$14,253**
Stroke Endovascular Treatment (EVT)	**0**	**$0**
Hip Replacement BUNDLE (Unilateral)	**0**	**$0**
Knee Replacement BUNDLE (Unilateral)	**0**	**$0**
Acute Inpatient Primary Unilateral Hip Replacement	**0**	**$0**
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	**0**	**$0**
Elective Hips - Outpatient Rehab for Primary Hip Replacement	**0**	**$0**
Acute Inpatient Primary Unilateral Knee Replacement	**0**	**$0**
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	**0**	**$0**
Elective Knees - Outpatient Rehab for Primary Knee Replacement	**0**	**$0**
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	**0**	**$0**
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	**0**	**$0**
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	**0**	**$0**
Acute Inpatient Hip Fracture	**0**	**$0**
Knee Arthroscopy	**0**	**$0**
Acute Inpatient Congestive Heart Failure	**307**	**$3,179,852**
Acute Inpatient Chronic Obstructive Pulmonary Disease	**1**	**$4,768**
Acute Inpatient Pneumonia	**7**	**$33,232**
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	**0**	**$0**
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	**0**	**$0**
Acute Inpatient Tonsillectomy	**0**	**$0**
Unilateral Cataract Day Surgery	**0**	**$0**
Retinal Disease	**0**	**$0**
Non-Routine and Bilateral Cataract Day Surgery	**0**	**$0**
Corneal Transplants	**0**	**$0**
Non-Emergent Spine (Non-Instrumented - Day Surgery)	**0**	**$0**
Non-Emergent Spine (Non-Instrumented - Inpatient Surgery)	**0**	**$0**
Non-Emergent Spine (Instrumented - Inpatient Surgery)	**0**	**$0**
Shoulder (Arthroplasties)	**0**	**$0**
Shoulder (Reverse Arthroplasties)	**0**	**$0**
Shoulder (Repairs)	**0**	**$0**
Shoulder (Other)	**0**	**$0**
Sub-Total Quality Based Procedure Funding	**319**	**$3,239,225**

Hospital Service Accountability Agreements

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute

2019-2020 Schedule A Funding Allocation

	2019-2020 [1] Estimated Funding Allocation	
Section 3: Wait Time Strategy Services ("WTS")	**[2] Base**	**[2] Incremental Base**
General Surgery	**$0**	**$0**
Pediatric Surgery	**$0**	**$0**
Hip & Knee Replacement - Revisions	**$0**	**$0**
Magnetic Resonance Imaging (MRI)	**$0**	**$0**
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	**$0**	**$0**
Computed Tomography (CT)	**$57,500**	**$0**
Sub-Total Wait Time Strategy Services Funding	**$57,500**	**$0**
Section 4: Provincial Priority Program Services ("PPS")	**[2] Base**	**[2] Incremental/One-Time**
Cardiac Surgery	**$66,324,255**	**$5,850,489**
Other Cardiac Services	**$0**	**$0**
Organ Transplantation	**$3,795,040**	**$0**
Neurosciences	**$0**	**$0**
Bariatric Services	**$0**	**$0**
Regional Trauma	**$0**	**$0**
Sub-Total Provincial Priority Program Services Funding	**$70,119,295**	**$5,850,489**
Section 5: Other Non-HSFR	**[2] Base**	**[2] Incremental/One-Time**
LHIN One-time payments	**$0**	**$3,640,469**
MOH One-time payments	**$0**	**$1,291,684**
LHIN/MOH Recoveries	**$0**	
Other Revenue from MOHLTC	**$60,000**	
Paymaster	**$0**	
Sub-Total Other Non-HSFR Funding	**$60,000**	**$4,932,153**
Section 6: Other Funding *(Info. Only. Funding is already included in Sections 1-4 above)*	**[2] Base**	**[2] Incremental/One-Time**
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)	**$0**	**$10,575**
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	**$0**	**$0**
Sub-Total Other Funding	**$0**	**$10,575**

[1] Estimated funding allocations.

[2] Funding allocations are subject to change year over year.

[3] Funding provided by Cancer Care Ontario, not the LHIN.

[4]All QBP Funding is fully recoverable in accordance with Section 5.6 of the H-SAA. QBP Funding is not base funding for the purposes of the BOND policy.

Hospital Service Accountability Agreements

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute

2019-2020 Schedule B: Reporting Requirements

1. MIS Trial Balance

Q2 – April 01 to September 30	31 October 2019
Q3 – October 01 to December 31	31 January 2020
Q4 – January 01 to March 31	31 May 2020

2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary

Q2 – April 01 to September 30	07 November 2019
Q3 – October 01 to December 31	07 February 2020
Q4 – January 01 to March 31	7 June 2020
Year End	30 June 2020

3. Audited Financial Statements

Fiscal Year	30 June 2020

4. French Language Services Report

Fiscal Year	30 April 2020

Hospital Service Accountability Agreements

Facility #:	**961**
Hospital Name:	**University of Ottawa Heart Institute**
Hospital Legal Name:	**University of Ottawa Heart Institute**
Site Name:	**TOTAL ENTITY**

2019-2020 Schedule C1 Performance Indicators

Part I - PATIENT EXPERIENCE: Access, Effective, Safe, Person-Centered

*Performance Indicators	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
90th Percentile Emergency Department (ED) length of stay for Non-Admitted High Acuity (CTAS I-III) Patients	Hours	**N/A**	**N/A**
90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients	Hours	**N/A**	**N/A**
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	**N/A**	**N/A**
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	**N/A**	**N/A**
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	**N/A**	**N/A**
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	**N/A**	**N/A**
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	**15.5%**	**<= 17.1%**
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	**0.00**	**0.00**

Explanatory Indicators	Measurement Unit
90th Percentile Time to Disposition Decision (Admitted Patients)	Hours
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio (HSMR)	Ratio
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage

Hospital Service Accountability Agreements

Facility #:	**961**
Hospital Name:	**University of Ottawa Heart Institute**
Hospital Legal Name:	**University of Ottawa Heart Institute**
Site Name:	**TOTAL ENTITY**

2019-2020 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENCY, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE

*Performance Indicators	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	**0.81**	**>= 0.73**
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	**0**	**>=0%**

Explanatory Indicators	Measurement Unit
Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds/ Total Revenue %	Percentage

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

*Performance Indicators	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Alternate Level of Care (ALC) Rate	Percentage	**12.70%**	**<= 13.97%**

Explanatory Indicators	Measurement Unit
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions	Percentage

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3

Targets for future years of the Agreement will be set during the Annual Refresh process.
***Refer to 2019-2020 H-SAA Indicator Technical Specification for further details.**

Hospital Service Accountability Agreements

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute

2019-2020 Schedule C2 Service Volumes

Clinical Activity and Patient Services

	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Ambulatory Care	Visits	**57,411**	**>= 45,929 and <= 68,893**
Complex Continuing Care	Weighted Patient Days	**0**	**-**
Day Surgery	Weighted Cases	**4,356**	**>= 3,920 and <= 4,792**
Elderly Capital Assistance Program (ELDCAP)	Patient Days	**0**	**-**
Emergency Department	Weighted Cases	**0**	**-**
Emergency Department and Urgent Care	Visits	**0**	**-**
Inpatient Mental Health	Patient Days	**0**	**-**
Inpatient Rehabilitation Days	Patient Days	**0**	**-**
Total Inpatient Acute	Weighted Cases	**19,012**	**>= 18,061 and <= 19,963**

Hospital Service Accountability Agreements

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute

2019-2020 Schedule C3: LHIN Local Indicators and Obligations

% Acute ALC Days: The Hospital will achieve a target of 9.46%. The hospital will implement the 3 priority Alternate Level of Care Best Practices identified by the ALC workgroup and endorsed by the ED/ALC Steering Committee.

Home First Philosophy: The hospital will sustain a strong Home First philosophy and demonstrate this through the appropriate designation of patients awaiting an alternate level of care. This involves consistently engaging the LHIN/Hospital Care Coordinators in care planning early in the patient trajectory and in joint discharge planning meetings and case conferences.

Senior Friendly Hospitals: Hospitals will continue to spread and sustain senior friendly care processes for delirium and functional decline throughout their organizations. Hospitals will track and report annually to the LHIN on the extent to which initiatives aimed at implementing senior friendly care processes are in place. Hospitals will continue to submit annual Senior Friendly Hospital Quality Improvement Plans and year-end outcomes and accomplishments using the SharePoint portal. Hospitals will identify a senior management sponsor and clinical/administrative lead responsible for Senior Friendly Hospitals. The clinical/administrative lead will participate regularly in Champlain Senior Friendly Hospital Committee meetings.

Hospital Service Accountability Agreements

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute

2019-2020 Schedule C3: LHIN Local Indicators and Obligations

Health Links Partners: The Health Service Provider (HSP), in collaboration with the Health Link Lead and other partners, will contribute to the scaling and sustainability of Health Links care coordination with patients/clients with complex needs. This will include embedding in the organization's practices the identification of patients/clients, participation on patient/client care teams and, as appropriate, delivery of coordinated care to achieve the 2019-20 target number of new patients/clients with coordinated care plans. The HSP will provide a report of the activities they plan to undertake, to ensure this, to the Health Link Lead by June 30, 2019, and provide a report of the activities actually undertaken to the Health Link Lead by March 31, 2020.

The HSP will ensure that relevant management are aware of and promoting the Health Links approach to care for complex patients/clients, and that any front-line staff providing Health Links care coordination will complete essential training and are represented in a community of practice in the sub-region.

The HSP will work in collaboration with the LHIN, the Health Links Leads and primary care organizations (as appropriate) to support reporting requirements as defined in the Champlain LHIN Health Links performance measurement framework and by the Ministry.

The HSP will contact the primary care provider and the Health Links Care Coordinator within 48 hours of discharge to ensure a follow-up appointment within 7 days of discharge for Health Link patients for whom it is appropriate.

For specific HSPs providing care coordination: The HSP will meet its 2019-20 commitments for (1) care coordination capacity as agreed to with the sub-regional Health Link Lead organization capacity plan, and (2) completed coordinated care plans (CCPs) by March 31, 2020. The number of completed CCPs committed will be outlined in an amendment to this agreement in Q1 2019-20, if applicable.

The HSP will provide requested information to the respective Health Link Lead to support timely and accurate reporting.

Critical Care: Hospitals are obligated to participate in provincial strategies related to Critical Care, including Life or Limb, Repatriation, and capacity planning.

Hospitals are expected to use and provide updates to the Critical Care Information System (CCIS) as per the 'CCIS Data Collection Guide', to use the CritiCall Repatriation tool for all repatriations, and maintain a repatriation rate of 90% of patients repatriated within 48 hours.

The Hospital will develop internal policies and procedures for the management of minor and moderate surge capacity for their critical care units, in alignment with the work of the Champlain LHIN Critical Care Network and the Provincial Critical Care Moderate Surge Response Plan policy. These policies will be reviewed and updated every two years, or more frequently if required.

Hospital Service Accountability Agreements

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute

2019-2020 Schedule C3: LHIN Local Indicators and Obligations

Indigenous Cultural Awareness: The Health Service Provider (HSP) will report on the activities it has undertaken during the fiscal year to increase the Indigenous cultural awareness and sensitivity of its staff, physicians and volunteers (including Board members) throughout the organization.

In order to support the LHIN's goal of improving access to health services and health outcomes for Indigenous people, a minimum of 15 per cent of the HSP's staff will receive Indigenous Cultural Safety training during this reporting period. Meeting this minimum requirement will serve a longer-term goal of involving all HSP staff in this educational initiative over time.

HSPs will be provided with a list of training options (e.g. online and face-to-face sessions) and other educational resources for staff to choose from. The LHIN may provide one-time funding through a lead agency to support HSP staff participation in priority training offerings.

The Indigenous Cultural Awareness Report, using a template to be provided by the LHIN, is due to the LHIN by April 30, 2020 and should be submitted using the subject line: 2019-20 Indigenous Cultural Awareness Report to ch.accountabilityteam@lhins.on.ca. An updated/revised reporting template will be forwarded to all HSPs at a later date. HSPs that have multiple accountability agreements with the LHIN should provide one aggregated report for the corporation.

Patient Language Information: The Hospital will continue to collect accurate and complete patient linguistic information and include it in their regular DAD (Discharge Abstract Database) and NACRS (National Ambulatory Care Reporting System) submissions.

Cardiac Guidelines Applied in Practice (GAP) Projects: The Hospital will participate in the Acute Coronary Syndrome (ACS) and Chronic Heart Failure (CHF) Guidelines Applied in Practice (GAP) Projects. UOHI will receive data from other Champlain LHIN hospitals according to individual site agreements between UOHI and participating hospitals. UOHI will submit a statistical report on the CHF Readmission Rate and the percent of ACS & CHF patients discharged with best practices by site on a semi-annual basis. Reports will be provided on Q2 and Q4 as available by CIHI.

Diagnostic Imaging: The Hospital will collaborate with the LHIN and MRI and CT service providers in the LHIN to implement the recommendations of the third party report, and support the activities aimed at establishing a streamlined Central Intake process for improving wait times.

Hospital Service Accountability Agreements

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
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2019-2020 Schedule C3: LHIN Local Indicators and Obligations

Ottawa Model of Smoking Cessation: The Hospital will ensure that the Ottawa Model of Smoking Cessation (OMSC) is implemented and provided to Hospital inpatients, working toward reaching 80% of inpatient smokers. [Reach= number of individuals provided OMSC and entered into centralized database divided by number of expected smokers.] The Hospital will implement the OMSC in outpatients clinics where applicable; targets will be set in partnership with UOHI.

The UOHI will submit a statistical report on the OMSC for all hospitals in the region to the Champlain LHIN on a semi-annual basis. Reports will be due 60 days following the end of Q2 and Q4.

Digital Health: The Hospital understands that as a partner in the health care system, it has an obligation to participate in LHIN and provincial initiatives, with particular emphasis on the Connecting Ontario project and the Digital Health strategy. Hospital participation includes, but is not limited to, the identification of project leads/champions, participation in regional/ provincial planning and implementation groups, and any obligations that may be specified from time to time.

The Hospital understands that under legislation it is required to look for integration opportunities with other health service providers. The Hospital agrees that it will incorporate opportunities to collaborate and integrate IT services with other health service providers into their work plans. In so doing, the Hospital will be prepared to identify those areas, projects, or initiatives where collaboration is targeted.

The Hospital will comply with recommendations of the Provincial HIS Renewal Clustering Guidebook.

The Hospital will work with ConnectingOntario Northern and Eastern Region to contribute to the provincial clinical document repository, engage in clinical viewer adoption activities, and other project deliverables for completion within agreed upon program timelines as per their MOU.

The hospital will facilitate and support regional and provincial strategies to streamline processes and information flow for Health Links (including eNotification interface to CHRIS) and eReferral/eConsult.

Shared Non-clinical Services: The Health Service Provider will participate in the development of a region-wide strategic plan and implementation plan for shared non-clinical services. This will include, but will not be limited to, engagement with the Champlain LHIN Shared Services Regionalization Committee and consideration of the emerging recommendations of the Province of Ontario Healthcare Sector Supply Chain Strategy.

Executive Succession: The HSP must inform the LHIN prior to undertaking a recruitment or appointment process for a CEO or Executive Director.

Cardiac Procedure Wait Times: The Institute will meet or exceed provincial average performance on provincial cardiac scorecard indicators.

Schedule C4: Post Construction Operating Plans
2019-2020

Health Service Provider: University of Ottawa Heart Institute

Champlain LHIN | RLISS de Champlain

1900 City Park Drive, Suite 204
Ottawa, ON K1J 1A3
Tel 613.747.6784 • Fax 613.745.1928
Toll Free 1.866.902.5446
www.champlainlhin.on.ca

1900, promenade City Park, bureau 204
Ottawa, ON K1J 1A3
Téléphone : 613 747-6784 • Télécopieur : 613 745-1928
Sans frais : 1 866 902-5446
www.rlisschamplain.on.ca

February 19, 2019

Dr. Thierry Mesana
President & Chief Executive Officer
University of Ottawa Heart Institute
40 Ruskin Street
Ottawa, ON K1Y 4W7

Dear Dr. Mesana,

Re: Post Construction Operating Plan Funding

The Champlain Local Health Integration Network (the "LHIN") is pleased to advise you that the University of Ottawa Heart Institute (the "HSP") has been approved to receive new base funding of $1,551,800 beginning in fiscal year 2018-19 (the "Funding") to support approved service expansions and other costs incurred related to the completion of capital projects (the "Program"). Details of the funding and the conditions on which the funding will be provided (the "Terms and Conditions") are set out in Appendix A.

In accordance with the Local Health System Integration Act, 2006 the LHIN hereby gives notice that, subject to the HSP's agreement, it proposes to amend the Hospital Service Accountability Agreement (the "HSAA") between the HSP and the LHIN with effect as of the date of this letter. To the extent that there are any conflicts between what is in the H-SAA in respect of the services described in Appendix A and what has been added to the H-SAA by this letter, the terms of this letter and the accompanying Appendix A will govern in respect of the funding. All other terms and conditions in the H-SAA will remain the same.

Please indicate the HSP's acceptance of the funding, the conditions on which it is provided, and the HSP's agreement to the amendment of the H-SAA by signing Appendix B and returning one copy of this letter to the LHIN attention:

Ms. Elizabeth Woodbury
Director, Health System Accountability
Email: ch.accountabilityteam@lhins.on.ca
Fax: 613-745-1928

Please return a copy of the letter by **February 26, 2019.**

Prior to engaging in any public communication regarding this funding, the HSP is asked to contact Marc Bourgeois, Director Communications & Engagement for the Champlain LHIN at 613-745-8124 ext. 3281 or via e-mail at marc.bourgeois@lhins.on.ca.

Should you have any questions regarding the information provided in the letter, please contact Elizabeth Woodbury at 613-747-3221 or send an email to elizabeth.woodbury@lhins.on.ca.

Sincerely,

Chantale LeClerc, RN, MSc
Chief Executive Officer

Appendix A

Terms & Conditions of Funding

1. The HSP is required to maintain financial records for this allocation for year-end evaluation and settlement. A full accounting and reconciliation of funding may be required, at the request of the LHIN, in addition to the financial reporting obligations outlined in your H-SAA.

2. Funding approved for a fiscal year is expected to be spent prior to March 31 of that year. Unspent funding or funding used for purposes not authorized by these terms and conditions is subject to recovery by the LHIN.

3. The funding is based on a review of expected service increases and/or facility and other costs expressed in your hospital's Post Construction Operating Plan (the "PCOP").

4. Additional details are included in the attached Schedule A.

Appendix B

Champlain Local Health Integration Network
University of Ottawa Heart Institute
IFIS Recipient 286536; Facility/Program(s) 961

Funding		Funding Amount			Performance Requirements		Condition/Qualifier
		Base	One Time				
Program Type - HOSP Program Number - 961 Program Name - University of Ottawa Heart Institute		$1,551,800 (2018-19)			As defined in letter entitled "Post Construction Operating Plan Funding" dated February 19, 2019		

Please confirm receipt of notification and agreement to this approved funding allocation by signing and returning to us, a copy of Appendix B.

Name of CEO/ED CEO/ED Signature Date

Please return a signed copy of this form to Elizabeth Woodbury, Director, Health System Accountability, by February 26, 2019 using one of the following methods:

By fax to 613-745-1928, Attention: Elizabeth Woodbury, or
Scanned signed copy by e-mail to: ch.accountabilityteam@lhins.on.ca

Issue Date: February 19, 2019

Post Construction Operating Plan- SERVICE EXPANSIONS- 2018-19

The Ministry of Health and Long-Term Care (the ministry) is providing additional annualized operating funding beginning in 2018-19 to support expansions in the services indicated below that occurred in conjunction with the completion of a capital project in these areas. This funding for 2018-19 is based on ministry review of expected service increases and/or facility and other costs expressed in your hospital's Post Construction Operating Plan (PCOP). The table below identifies the services expected to be provided in 2018-19.

Conditions on the funding are as follows:

- Funding can be used only for programs/volumes identified;
- Volumes for which the funding was provided must be achieved by the health service provider;
- Funding cannot be used to deal with existing hospital pressures that are occurring prior to completion of the construction project;
- Funding is only for volumes achieved post construction;
- All volumes are in excess of the previously funded volumes and it should be noted that volumes funded through any other provincial program (e.g. Quality-based Procedures, wait-time strategy, provincial programs, Cancer Care Ontario) must be achieved before expanded volumes can be applied to PCOP.

Service Results

University of Ottawa Heart Institute				
Cardiac Life Support Services Redevelopment				
	2018/19 PCOP Funding Awards			
Service	**Unit of Funding**	**Funding Rate**	**Additional Volume**	**Base Funding**
Transition Costs				$1,551,800
Grand Total				**$1,551,800**

General

The ministry is in the process of harmonizing current PCOP policies with those used by Health System Funding Reform in connection with the Health Based Allocation Model (HBAM). Your LHIN's current PCOP funding award reflects the application of key HBAM principles related to expected cost and unit measurement for modelled services. For all service volumes not modelled under HBAM, funding awards remain based on current PCOP policies.

- The volumes reflected in the above table are based on those submitted by the hospital in their funding request for the period covering April 1, 2018 to March 31, 2019.
- Start-up/Transition/Trailing costs represent(s) base funding. In the year received these funding amounts are to be used for their stated purpose and then applied towards PCOP-eligible clinical services in the years following their receipt.
- Transition/trailing funding has been provided based on the eligible costs budgeted by the hospital & approved by the Ministry. The ministry may request a reconciliation of the transition/trailing funding provided. During this reconciliation, the hospital will be requested to provide substantive evidence (e.g. invoices, payments, etc.) of actual transition costs incurred. If the costs incurred are deemed ineligible, the Ministry may recover the funds.
- Equipment amortization is based on the cost of new equipment as estimated in a hospital's Final Estimate of Cost (FEC). Where actual new equipment costs are less than estimated, any surplus amortization amounts may be allocated towards PCOP eligible clinical services on prospective basis.
- Facility cost funding relates to costs associated with Housekeeping, Plant Operations, Plant Maintenance, Plant Administration and Plant Security.

Settlement and Recovery

As PCOP funding is conditional upon achievement of eligible volumes, health service providers will be responsible for demonstrating that volumes funded in 2018-19 are achieved. The ministry will contact health service providers in consultation with the Local Health Integration Network (LHIN) following the flow of PCOP funding to outline the process for confirming that the service results agreed to as a condition for receipt of funding are being achieved.

The ministry will perform an annual reconciliation following the submission of this confirmation. Where incorporated into the HBAM model, PCOP funding for modelled service volumes are subject to distribution based on the HBAM model determination of a hospital's relative share of funding for the hospital sector.

If the requirements in respect of the PCOP funding are not met, the LHIN acknowledges that any funds identified as recoverable will be set up as a payable by the hospital back to the ministry in accordance with generally accepted accounting principles.